

State: Washington

| Agency* | Citation(s) | Groups Covered |
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C. Optional Coverage of Medically Needy (Continued)

IV-A 42CFR 435.310

6. Caretaker Relatives

IV-A 42CFR 435.320
and 42CFR 435.330

XX 7. Aged Individuals

IV-A 42CFR 435.322
and 42CFR 435.330

XX 8. Blind Individuals

IV-A 42CFR 435.324
and 42CFR 435.330

XX 9. Disabled Individuals

42CFR 435.326

10. Individuals who would be eligible if they were not enrolled in an HMO. Categorically needy individuals are covered under 42 CFR 435.212 and the same rules apply to medically needy individuals.

42CFR 435.326

11. Blind and disabled individuals who:

- a. Meet all current requirements for Medicaid eligibility except the blindness or disability criteria;
- b. Were eligible as medically needy in December 1973 as blind or disabled; and
- c. For each consecutive month after December 1973 continue to meet the December 1973 eligibility criteria.

TN# 95-17
Supersedes
TN# 91-22

Approval Date: 9/27/95 Effective Date: 1/1/96

Revision: HCFA-PM-91-8 (BPD)

October 1991

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State: WASHINGTON

Citation(s)

Groups Covered

C. Optional Coverage of Medically Needy
(Continued)

1906 of the
Act

12. Individuals required to enroll in
cost effective employer-based group
health plans remain eligible for a minimum
enrollment period of _____ months.

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| File | 91-29 |
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| Code | |

2/4/92
12/1/91

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